

Name
in
Full

CERTIFICATE OF DEATH

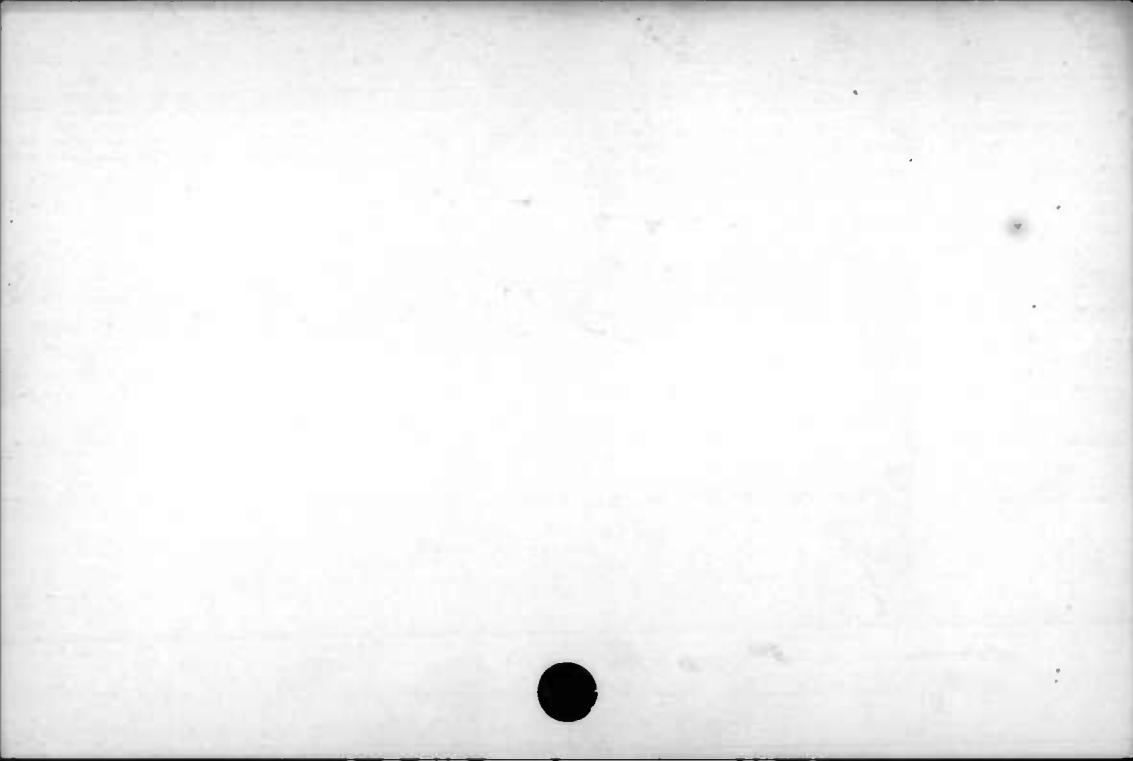
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i>		County <i>Dist.</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Nov.</i>	Day <i>14</i>	Age Years <i>36</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place	
Married, Single or Widowed <i>Single</i>			Occupation <i>Iron Laborer</i>		
Name of Wife or Husband					
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs. Lucy</i>			How related to deceased <i>Employer</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral</i>	How long <i>2 weeks</i>
Immediate <i>Septicemia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank W. Smith</i>
<i>Reared in orphanage</i>	Address <i>San Lee</i>
Accident or Suicide?	



Name
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Mabel C. Carlisle

CERTIFICATE OF DEATH

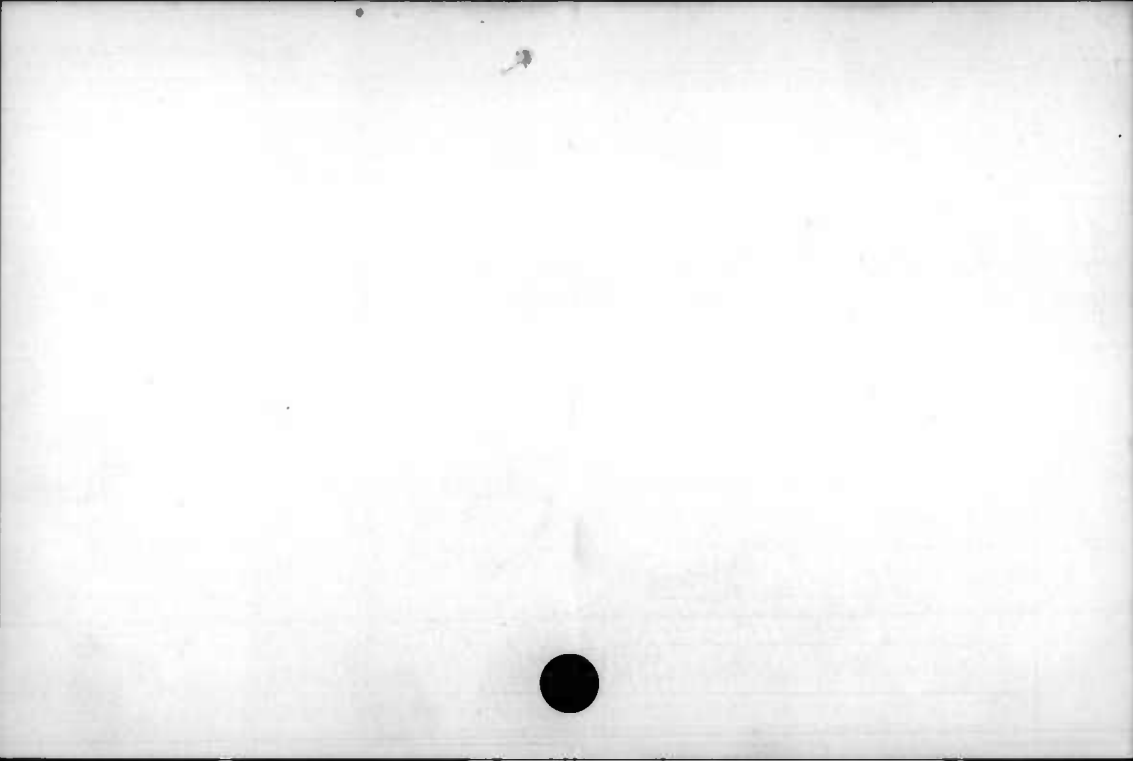
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millington</u> Town		<u>Kent</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>11</u>	Day <u>6</u>	Age <u> </u> Years	Months <u>3</u>	Days <u>2</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Millington</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Mr. Frank Carlisle</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Olivia Ross</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u> </u>			How related to deceased <u>93</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u> </u>
Immediate <u>Pneumonia</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. H. Jacob</u>
	Address <u>Millington Ind</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Otha Fogwell

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Worton

Date

of death 1903

Month

Nov

Day

27

Age

Years

82

Months

Days

Sex

MaleColor or
RaceWhiteBirth-
placeInd

Occupation

RetiredWhere Residing if not
at place of deathMarried, Single
or WidowedWidowerName of Wife or
HusbandMary A CarterFather's
NameLeifler FogwellFather's
BirthplaceIndMother's
Maiden Name~~~~~Mother's
Birthplace~~~~~Name of person giving
InformationOtha FogwellHow related
to deceasedSon

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

1/

How long

1/Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianJohn H. Hoesney

Address

Hawthorne Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

WM Bestie Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Coleman TownCounty KentDate
of death 1903Month
NovDay
17

Age

Years
—Months
4Days
—Sex MaleColor or
RaceBlackBirth-
placeInd

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedSingleName of Wife or
HusbandFather's
NameUnknownFather's
Birthplace—Mother's
Maiden NameMable GarrisonMother's
BirthplaceIndName of person giving
InformationSarah GarrisonHow related
to deceasedGrandmother

CAUSES OF DEATH

Primary

How long

Immediate

Pertussis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. R. Mansiel
St. L. Ind
Ind

Accident or Suicide?

Coleridge

Name

in
Full

Anna Maria Dyneon

CERTIFICATE OF DEATH

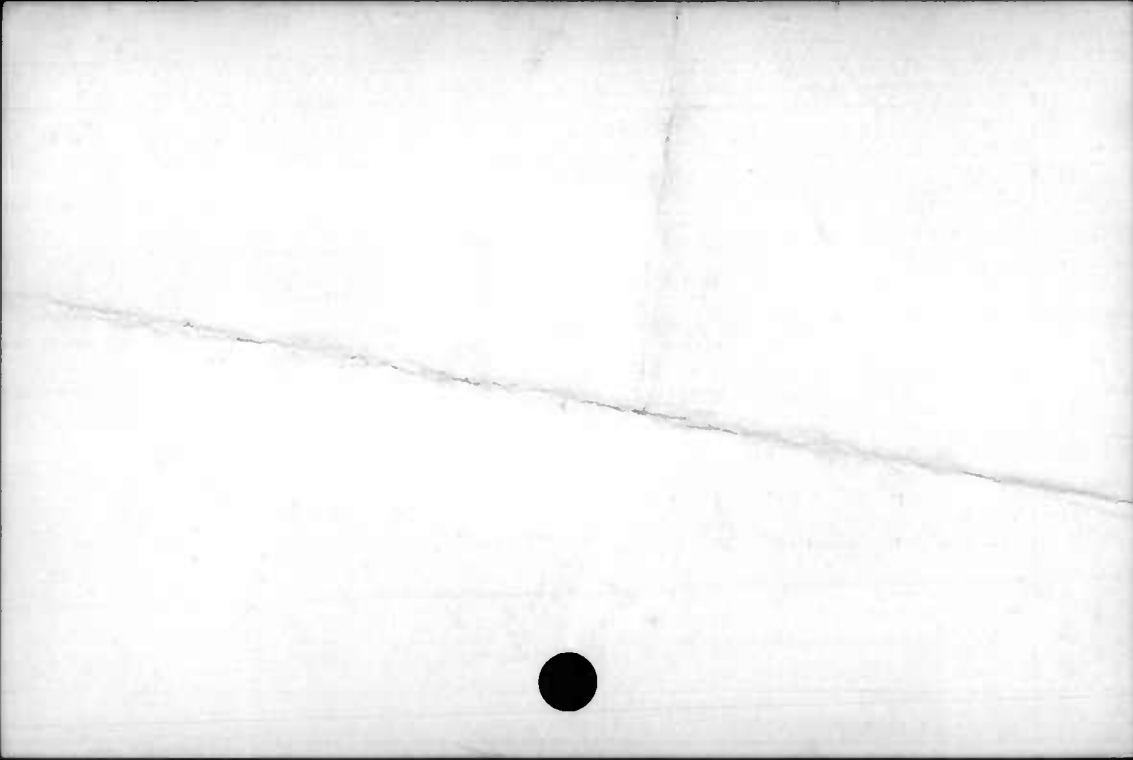
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar</i> ^{Town} <i>Chesapeake</i> ^{County} <i>Kent</i>		MAYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>17</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co. Md</i>	Months Days
Married, Single or Widowed <i>Single</i>	Occupation <i>House work</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Dyneon</i>	Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Rachel Anne Sampson</i>	Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Wm Dyneon</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>Two years</i>
Immediate <i>Cut throat</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Barnett MD</i>
	Address <i>Kennedyville Md</i>
Accident or Suicide? <i>—</i>	



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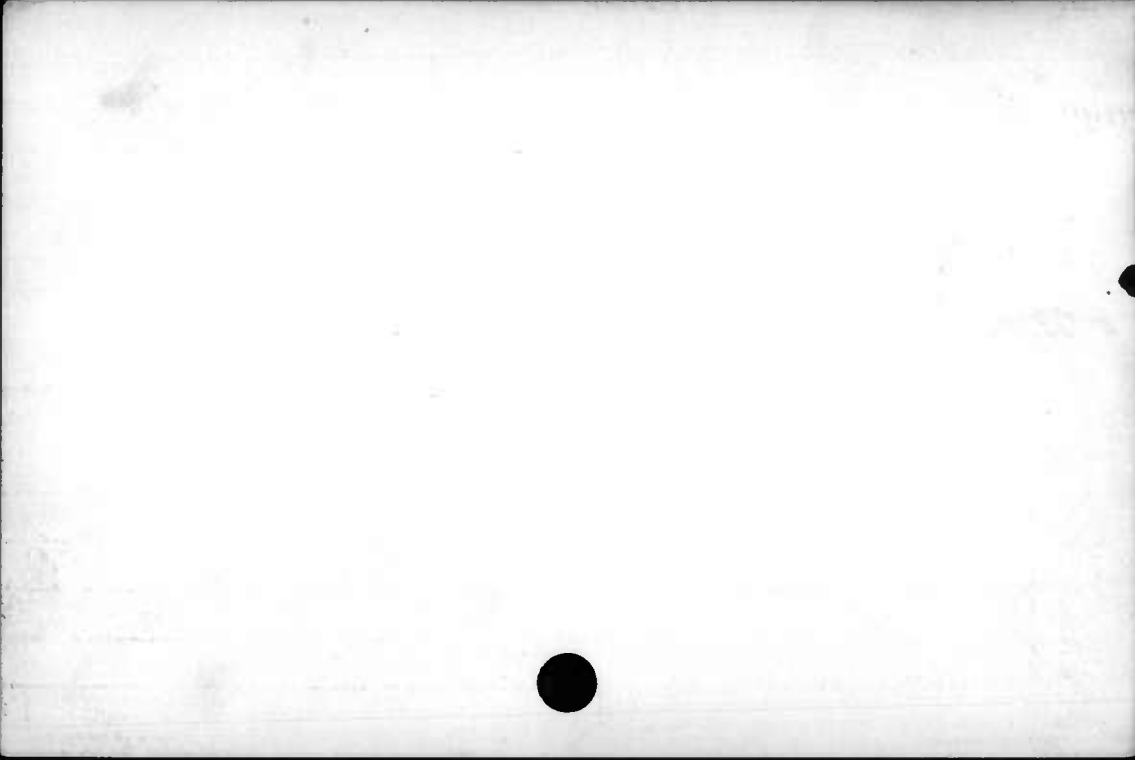
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lanckford</i>		County <i>Kent</i>		STATE <i>MARYLAND</i>	
Date of death 1903	Month <i>Nov.</i>	Day <i>27</i>	Age about 50	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Don't know</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Samuel Johnson</i>							
Father's Name <i>Henry Jefferson</i>		Father's Birthplace <i>Martha's Vineyard</i>					
Mother's Maiden Name <i>Martha Jefferson</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Lively</i>		How related to deceased <i>Don't know</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Invalid</i>	How long <i>5 Years</i>
Immediate <i>Paralysis</i>	How long <i>2 1/2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Bruce Simmons</i>
	Address <i>Chester Town Md</i>
Accident or Suicide?	<i>I saw this woman once on 524 H. was who was in dying condition when I was called - Head today at the Bureau</i>



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
in formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

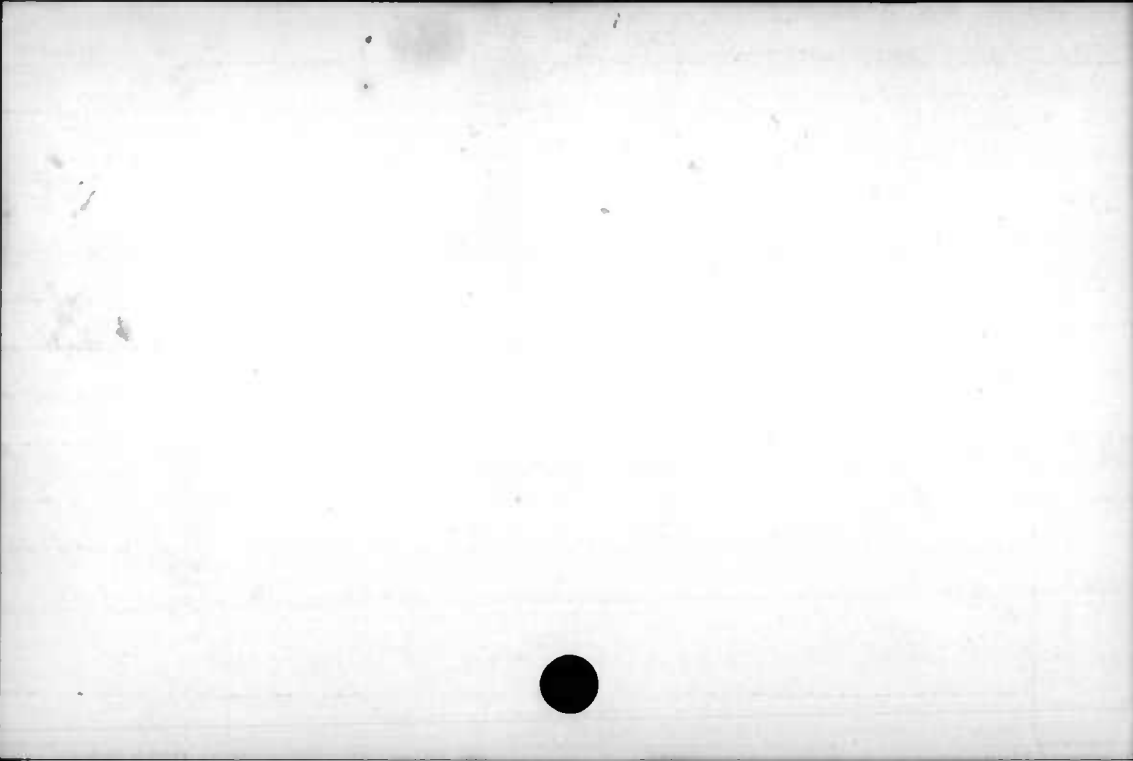
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

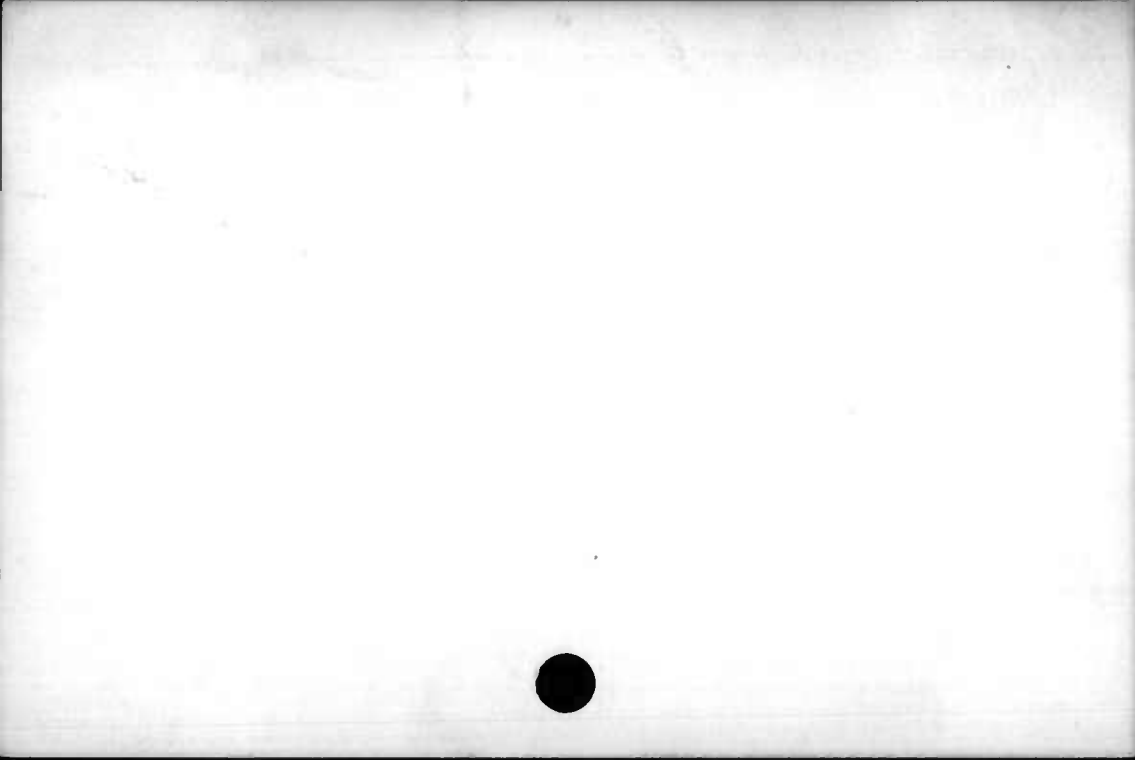
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches. Ter town</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov.</i>	Day <i>11</i>	Age <i>Still born</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Ches. Ter town</i>		Occupation	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband		
Father's Name <i>James L. Le Bates</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Maggie Burris</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>J. L. Le Bates</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons M. D.</i>
	Address <i>Ches. Ter town</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> ^{Town}			<i>King</i> ^{County} <i>Co</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>11</i>	Day <i>10</i>	Age <i>67</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>2 a. Co</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Livery Stable</i>			
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>A for pleury</i>	How long <i>25 minutes</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Combs</i>
	Address <i>Millington 242</i>
Accident or Suicide?	



Name
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Full

Richard D. Nowland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Crumpton			^{County} Kent		MARYLAND	
Date of death 190 3	Month Nov	Day 22	Age 5-5	Years 11	Months 2	Days
Sex Male		Color or Race white		Birth- place Kent Co. Md.		
Married, Single or Widowed Single			Occupation Farmer			
Name of Wife or Husband						
Father's Name John Nowland				Father's Birthplace Cecil, Md.		
Mother's Maiden Name Sarah A. Coleman				Mother's Birthplace Baltimore, Md.		
Name of person giving In formation Mary E. Nowland				How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis		How long 10 years
Immediate Pneumonia followed by Paralysis		How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F. N. Sheppard M. D.
		Address Crumpton Md.
Accident or Suicide?		



Name
in
Full

Robert Oscar Rash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Synch</u> Town		<u>Kent</u> County		MARYLAND	
Date of death	1903	Month	Nov	Day	5
Age		Years		Months	1
Sex		Male		Color or Race	White
Birth-place		And		Where Residing if not at place of death	
Occupation					
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Robert Rash		Father's Birthplace	
Mother's Maiden Name		Bella Walbert		Mother's Birthplace	
Name of person giving information		Ida Beck		How related to deceased	
				friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Measles</u>	How long	<u>one week.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<u>Wm. S. Maxwell.</u>	
Address		<u>Still Pond, Md.</u>	
Accident or Suicide?			



Name
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Full

Sarah E. Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Still Pond creek		Kent		County		MARYLAND	
Date	1903	Month	Nov	Day	23	Age	20	Months	10
Sex	female		Color or Race	Black		Birth-place	Ind		
Occupation	Housewife		Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Husband	John Wilmer					
Father's Name	Alexandra Brooks		Father's Birthplace	Ind					
Mother's Maiden Name	Elizabeth Thomas		Mother's Birthplace	Ind					
Name of person giving information	John Wilmer		How related to deceased	Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis.		How long	one year.	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician		
			Address		
			Wm. S. Maxwell,		
			Still Pond, Md.		
Accident or Suicide?					

Coleman

Name
in
Full

Celia A Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Coleman		Town		Hunt		County		MARYLAND	
Date of death	1903	Month	Nov	Day	15	Age	5	Years	Months
									10
									3
Sex	female		Color or Race	Wht		Birth-place	md		
Occupation			Where Residing if not at place of death						
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name	Alexandra Wilson					104	Father's Birthplace	md	
Mother's Maiden Name	Annie Wilson						Mother's Birthplace	md	
Name of person giving information	Alex Wilson						How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion.	How long	
Immediate	Convulsion.	How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. S. Maxwell,
yes.		Address	Still Pond, Md.
Accident or Suicide?			

Coleman